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Bib Data Sheet

SERIAL NUMBER 09/723,989	FILING DATE 11/28/2000 RULE -	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 20066.70
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APPLICANTS
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Nissim Darvish, Haifa, ISRAEL;
Maier Fenster, Petach Tikva, ISRAEL;
Mike Yuval, Haifa, ISRAEL;

**** CONTINUING DATA *******
THIS APPLICATION IS A CON OF 09/101,723 08/13/1998 * *CHL*
WHICH IS A 371 OF PCT/IL97/00012 01/08/1997 *6/8/01*
AND CLAIMS BENEFIT OF 60/009,769 01/11/1996
AND CLAIMS BENEFIT OF 60/011,117 02/05/1996
AND CLAIMS BENEFIT OF 60/026,392 09/16/1996
AND CLAIMS BENEFIT OF 08/595,365 02/01/1996 PAT 5,738,096
~~WHICH IS A CON OF PCT/IL97/00012 02/05/1997~~ *CHL*
(*) Data inconsistent with PTO records. *6/8/01*

**** FOREIGN APPLICATIONS *******
ISRAEL 116699 01/08/1996 *CHL*
ISRAEL 119261 09/17/1996 *6/8/01*

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/08/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 25	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>William H. Dippert</i> <i>CHL</i> Examiner's Signature Initials				

ADDRESS
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New York, NY 10036-6799

TITLE
CHL Electrical muscle controller *USING A NON-EXCITATORY ELECTRIC FIELD.*

FILING FEE RECEIVED 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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